

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048523

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 60

STATE FILE NUMBER

FILED JAN 6 1964

1. PLACE OF DEATH

a. COUNTY

Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Holden

Length of stay in lb

1 week

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE
Moreland Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lafayette

c. CITY

Odessa

OR TOWN

d. STREET ADDRESS

518 So. 2nd St.

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

Charles

First

W.

Last

Lewis

4. DATE OF DEATH

Month

Day

Year

December

8

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/26/1901

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher

10b. KIND OF BUSINESS OR INDUSTRY

Retail

11. BIRTHPLACE (City and state or country)

Newton, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S. A.

13a. FATHER'S NAME

Joseph W. Lewis

13b. MOTHER'S MAIDEN NAME

Sarah Wycoff

14. NAME OF HUSBAND OR WIFE

Hazel Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Hazel Lewis, Odessa, Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardio-respiratory failure

DUE TO (b)

Portal Cirrhosis

DUE TO (c)

Alcoholism

INTERVAL BETWEEN ONSET AND DEATH

24 days

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-30-63 to 12-8-63 and last saw him alive on 12-8-63

Death occurred at 9.05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

204 So. 2nd, Odessa, Mo.

22c. DATE SIGNED

1/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

12-11-63

23c. NAME OF CEMETERY OR CREMATORY

Blue Springs, Cemetery

23d. LOCATION (City, town, or county)

Blue Springs

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Webb Funeral Home, Blue Springs, Mo.

25. DATE RECD. BY LOCAL REG.

1-4-63

26. REGISTRAR'S SIGNATURE

Bernie Rose

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 5 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William C. Green

Licensed Embalmer No. 4733

P. O. Address Blue Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.